

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027941

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2.000 Registrar's No. 1171

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 31 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DOCUMENT
1 17397			
2 0220			
3			
4 1			
5 1			
6			
7 1			
8 1			
9 1750			
10			
11			
12 4-D			
13			
	INSTEAD OF		
	SHOULD READ		
	BY AFFIDAVIT OF		

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY CHRISTIAN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		c. CITY OR TOWN SPOKANE	
Length of stay in 1b 3 DAYS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL		d. STREET ADDRESS (If outside, give location) NONE	
3. NAME OF DECEASED (Type or print) First ETHEL Middle MARY Last HILTON		4. DATE OF DEATH Month JULY Day 24 Year 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/3/01
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	
11. BIRTHPLACE (City and state or country) OKLAHOMA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE GUY J. HILTON		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT GUY J. HILTON; SPOKANE, MISSOURI	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary infarct, acute Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of ovary with DUE TO (c) wide spread metastasis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 8:30 Month, Day, Year July 1, 1963	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION SPRINGFIELD, MISSOURI		COUNTY CHRISTIAN STATE MISSOURI	
21. I attended the deceased from July 1, 1963 to July 24, 1963 and last saw her alive on July 23, 1963 Death occurred at 8:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Don J. Sillsby M.D.		22b. ADDRESS SPRINGFIELD, MISSOURI	
22c. DATE SIGNED 7-27-63		23. NAME OF CEMETERY OR CREMATORY SPOKANE CEMETERY	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23d. LOCATION (City, town, or county) SPOKANE, MISSOURI	
24. FUNERAL DIRECTOR AYRE-GOODWIN		25. DATE RECD. BY LOCAL REG. 7-29-63	
ADDRESS SPRINGFIELD, MO.		26. REGISTRAR'S SIGNATURE Effie S. Melton	

USE BLACK INK

OR

TYPEWRITER RIBBON

AUG 7 1963

STATEMENT BY LICENSED EMBALMER

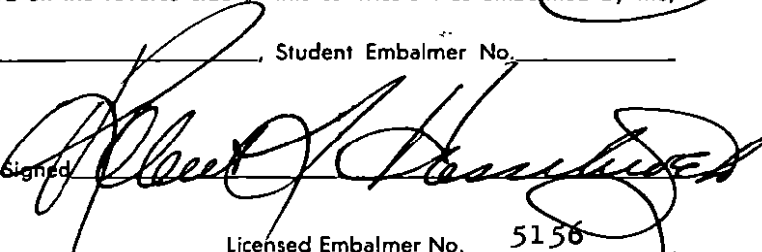
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 5156

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.